

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		5/1/00
O.I.P.E. CLASSIFIER		12	5/16/00
FORMALITY REVIEW	ES	804	06/28/00
RESPONSE FORMALITY REVIEW	LH	00105	9-27-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 -+ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/1/02
2	✓	✓	6/4/03
3	✓	✓	6/2/03
4	✓	✓	6/4/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy